



County of Greenville

"... At Your Service"

Kyna J. Crosby
Human Resources Coordinator
Recruitment
Phone: (864) 467-7109
Fax: (864) 467-7635
kcrosby@greenvillecounty.org

Dear Applicant:

Thank you for your interest in a position of employment with the County of Greenville.

Please take time to properly fill out the attached APPLICATION FOR EMPLOYMENT.

- Use black ink.
- Print neatly.
- State the specific **POSITION, VACANCY NUMBER, and the DEPARTMENT** you are applying for, and
- Verify all sections of your application before submitting it to Human Resources.

Confirming your employment history is an important part of the employment process. We are requesting your assistance in this process by providing us with written permission to contact your previous three (3) employers. Attached are Employment Verification Forms that may be mailed out to your previous employers. Please complete **only** BOX 1 of each of these forms, being careful to provide the employer's correct mailing address and zip code. Greenville County will mail the Employment Verification Forms should you be seriously considered for the position that you are applying for.

It is important to note that **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

Sincerely,

Kyna J. Crosby
Recruiting Officer

Attachments



Application for Employment County of Greenville

An Equal Employment Opportunity / Affirmative Action Employer

Human Resources Division

Greenville County Square, 301 University Ridge, Suite 500, Greenville, SC 29601-3660
(864) 467-7150 voice (864) 467-7051 fax (864) 467-7590 TDD Web www.greenvillecounty.org

GREENVILLE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, DISABILITY OR AGE. WE ASSURE YOU, THE APPLICANT, THAT YOUR OPPORTUNITY FOR EMPLOYMENT DEPENDS SOLELY ON YOUR QUALIFICATIONS.

Applicants applying for positions with the County are required to meet the minimum qualifications or; an equivalent combination of training and experience in reference to the position for which they apply, before an application may be given consideration.

USE BLACK INK ONLY - PLEASE PRINT

NAME _____
(Last) (First) (MI) (Social Security #)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE NO. (Home) _____ (Other) _____

Email : _____

List the Position Title and Vacancy Number, which you wish to apply for:

Position Title: _____

Vacancy Number: _____

Please list machinery or equipment you can operate:

EDUCATION:

Circle the highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 or more

Circle the highest level completed: HS Diploma/Equivalent; Associate; Bachelor's; Master's; Law; Specialist; Doctorate

Major: _____

Please list any job related certifications or licenses (including CDL) you currently hold: _____

Have you ever been convicted of a crime other than a minor traffic violation? _____

If yes, complete the following:

Date	Where Convicted	Nature of Charge	Disposition

Position:

First Name:

Last Name:

EMPLOYMENT HISTORY

NOTE:

1. Resumes are accepted, but the application must be completed in its entirety.
2. Incomplete applications will not be processed.
3. Begin with your most recent position. List all positions held. You may use an additional sheet of paper to indicate your employment history if necessary.
4. Include all military service, if any.

NAME OF COMPANY _____ Phone _____
Address _____
From: _____ To: _____ Title: _____
Reason for leaving: _____
Name and Title of Supervisor _____ May we contact? _____
Duties: _____

NAME OF COMPANY _____ Phone _____
Address _____
From: _____ To: _____ Title: _____
Reason for leaving: _____
Name and Title of Supervisor _____ May we contact? _____
Duties: _____

NAME OF COMPANY _____ Phone _____
Address _____
From: _____ To: _____ Title: _____
Reason for leaving: _____
Name and Title of Supervisor _____ May we contact? _____
Duties: _____

List three references who are not relatives that you have known for at least two years. Complete mailing addresses are required.

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

STUDENT LOAN: State law (59-111-50) prohibits employment with the County to people who have defaulted on certain student loans, unless they can prove satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

Signature: _____ Date: _____

PLEASE READ THIS STATEMENT CAREFULLY

I do hereby affirm that all information provided by me in this application is true, complete and accurate; any misrepresentation, omission, or untrue statements may result in my being disqualified from consideration or terminated if hired; my background may be investigated; I may be required to undergo fingerprinting; I may be required to pass a physical examination depending on the nature of the job; I may be required to submit to drug testing depending on the nature of the job; I authorize all former employers to answer any and all questions asked and information sought in connection with this application. If I have indicated that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from that employer.

Signature

Date

In an attempt to ensure Greenville County's continued commitment to Equal Employment Opportunities, we would appreciate your taking a moment to complete the questionnaire below.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. P. L. 90-202 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70.

Date: _____

Position applied for:

Race (circle one):

1. Asian 2. African-American
3. Hispanic 4. Indian 5. White
6. Other

Sex (circle one):

1. Male 2. Female

In Greenville County's effort to transition individuals from welfare to work, please answer the following question:

Are you currently receiving Food Stamps and/or a Family Independence stipend?

(circle one)

1. Yes 2. No

This information is requested for EEO and State Office of Human Resources reporting purposes only.

This tab is detached before the application is evaluated or forwarded to the interviewer.

COUNTY OF GREENVILLE, SOUTH CAROLINA
EMPLOYMENT VERIFICATION FORM

BOX 1 (TO BE COMPLETED BY APPLICANT – PLEASE PRINT)

Today's Date: Month _____ Day _____ Year _____

Specific Position & Department Applying For: _____

Applicant's Name: _____ S.S.# _____

Employer's first name: _____

Employer's Telephone # _____ Employer's Fax # (if known) _____

Dates of Employment with the Company: From _____ to _____

Employer's Street or P.O. Box _____

Mailing Address: City _____ State _____ Zip _____

I, _____ (Applicant's Name), am giving you permission to provide the requested information below to Greenville County Human Resources. Any employment offers I receive from Greenville County may be terminated based upon background information received regarding employment history. Please complete and return this form as quickly as possible.

APPLICANT'S SIGNATURE: _____

BOX 2 (TO BE COMPLETED BY EMPLOYER – PLEASE PRINT)

Dear Employer:

The applicant named above states that he or she was formerly employed by your company. S/he has applied for employment with Greenville County and it is our policy to check past employment history. We are requesting your assistance in providing the following information:

Dates of employment: From _____ To _____

Applicant's Job Title: _____

Reason for leaving: _____

Do you have a policy prohibiting rehire? Yes _____ No _____

Is the above named applicant eligible for rehire at your company? Yes _____ No _____

Salary at termination: _____

Comments: _____

Name and Title of Company Representative providing this information:

NAME: _____ TITLE: _____

PLEASE RETURN COMPLETED FORM TO: (Completed by Department Requesting Information)



Waiver and Authority to Release Information

To Whom It May Concern:

I HEREBY authorize any officer or other authorized representative of the Greenville County Sheriff's Office bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military service, educational history (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), credit (including credit card and payment records), law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses), and any medical/psychological testing or examination results.

I HEREBY direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Greenville County Sheriff's Office. Consent is granted for the Greenville County Sheriff's to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

I HEREBY release you as the custodian of such records, and any federal, state, county or municipal government, school, college, university or other education institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or other criminal justice agency, including its officer, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social security account number on voluntary basis with the understanding such is not required by any statute or regulation. I have been advised that the Greenville County Sheriff's Office will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Applicant's full name (signature) _____
Include maiden and any other previously used names

Applicant's full name (typed/printed) _____
Include maiden and any other previously used names

Social Security Number: _____ Date: _____

SWORN TO AND SUBSCRIBED before me

This _____ day of _____, 20____.

Notary Public in and for the

State of _____ My Commission Expires _____